



DOC ID NUMBER: _____

(For Reference)

COMMONWEALTH OF MASSACHUSETTS STANDARD CONTRACT AMENDMENT FORM

This Amendment Form is jointly issued by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) for use by all Commonwealth Departments. Any changes or electronic alterations, by either the Department or the Contractor, to the official printed language of this form as published by ANF, CTR and OSD shall void this Amendment Form. Contract Amendments must be authorized as part of the original Contract procurement and must be executed contemporaneously with the need for the Contract Amendment and prior to the scheduled termination date of the Contract.

CONTRACTOR NAME: Vendor Code: _____	DEPARTMENT NAME: ADDRESS:
CURRENT CONTRACT INFORMATION:	
Current Total Contract Dates (Inclusive Of Previous Amendments To Date): START: _____ TERMINATION: _____	
Current Total Maximum Obligation Of Contract (Inclusive Of Previous Amendments To Date): \$ _____ (indicate "N/A" if Contract is a Rate Contract, Statewide Contract or Pre-Qualification Contract without a Maximum Obligation.)	
CHOOSE ONE AMENDMENT COLUMN BELOW, either "STANDARD AMENDMENT" OR "AMENDMENT TO EXERCISE OPTION TO RENEW" and check off any applicable amendments under that column.	
<u>STANDARD AMENDMENT</u> (Check all that apply): ____ Amendment To Contract Performance ____ Amendment To Contract Maximum Obligation ____ Amendment To Contract Budget Or Rates ____ Amendment To Contract Dates Of Performance ____ Other: (Explain) _____	<u>AMENDMENT TO EXERCISE OPTION TO RENEW</u> (Check all that apply): ____ Amendment To Contract Performance ____ Amendment To Contract Maximum Obligation ____ Amendment To Contract Budget Or Rates ____ Amendment To Contract Dates Of Performance ____ Other: (Explain) _____
DESCRIPTION OF REASON FOR AMENDMENT: (Attach all relevant documentation detailing amendment(s)):	
NEW CONTRACT INFORMATION (indicate "N/A" if not applicable or "N/C" for no change):	
New Total Contract Dates (Inclusive of Amendment Information Above): START: _____ TERMINATION: _____	
Amount Of Amendment Change (if applicable): \$ _____	
New Total Maximum Obligation Of Contract (Inclusive Of Amendment Information Above): \$ _____ (indicate "N/A" if Contract is a Rate Contract, Statewide Contract or Pre-Qualification Contract without a Maximum Obligation.)	

IN WITNESS WHEREOF: the Department and the Contractor certify under the pains and penalties of perjury that this Amendment Form and any information contained herein, or attached hereto, is complete and accurate and complies with all applicable laws and regulations, and is subject to its associated Contract, as evidenced by the execution by their authorized signatories as of the last date below:

FOR THE CONTRACTOR:X: _____
(Signature)

NAME: _____

TITLE: _____

DATE: _____

FOR THE DEPARTMENT:X: _____
(Signature)

NAME: _____

TITLE: _____

DATE: _____

The Department must file the original record copy of any Contract Amendment with the original record copy of the Contract being amended. Record copies will be located at either OSC, OSD or the Department (if the Department has been approved for Contract delegation authority).